



EMSRB Data Dictionary Version 3.0.1

E1: Record

Name	Value	Common Values	Required	Previous MNStar Name
E1.1: Patient Care Report Number The unique number automatically assigned by the EMS agency for each patient care report (PCR). This is a unique number to the EMS agency for all of time. This number needs to be reported whether there is a patient or not. It may be the same as the response number. For users of MNStar direct data entry the call number and the patient number are combined to form the unique Patient Care Report Number.	Text	Not Nullable	Required	CallNumber

E2: Unit/Agency Information

Name	Value	Common Values	Required	Previous MNStar Name
E2.1: EMS Agency Number The state-assigned provider number of the responding agency	Text	Not Nullable	Required	AgencyID
E2.2: EMS Incident Number The incident number assigned by EMS dispatch. It may be associated with multiple EMS vehicle response numbers. Required for services that electronically report data and have an incident number generated by a cad system. The number helps differentiate multiple responses to a single incident.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Incidentnumber
E2.3: EMS Vehicle Response Identifier The EMS response identifying number unique to each EMS vehicle response. Required for services who electronically report data to track and appropriately index individual EMS responses with multiple patient. The number is repeated as the patient care report number when there is no patient i.e. cancel, standby, etc.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E2.4: Type of Service Requested The type of service or category of service requested of the EMS service responding for this specific EMS incident.	Single choice combo 35 Intercept 45 Medical Transport 50 Mutual Aid 30 Response (Scene) 110 Scheduled Interfacility Transfer 55 Standby 100 Unscheduled Interfacility Transfer	Not Nullable	Required	ServiceType



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<p>E2.5: Primary Role of the Unit</p> <p>The primary role of the EMS service which was requested for this specific EMS incident.</p> <p>The value list has been expanded for backwards compatibility with MNStar version 1 field vehicle type</p>	<p>Single choice combo</p> <p>105 ALS Ground 100 BLS Ground 110 Critical Care Ground 120 ERU 135 Fixed Wing 60 Non-Transport 130 Other Transport 65 Rescue 125 Rotor Craft 70 Supervisor</p>	Not Nullable	Required	VehicleType
<p>E2.6: Type of Dispatch Delay</p> <p>The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter</p>	<p>multiple choice combo</p> <p>80 Caller (Uncooperative) 85 High Call Volume 90 Language Barrier 95 Location (Inability To Obtain) 100 No Units Available 105 None 110 Other 115 Scene Safety (Not Secure for Ems) 120 Technical Failure (Computer, Phone, etc.)</p>	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
<p>E2.7: Type of Response Delay</p> <p>The response delays, if any, of the unit associated with the patient encounter</p>	<p>multiple choice combo</p> <p>125 Crowd 130 Directions 135 Distance 140 Diversion 145 HazMat 150 None 155 Other 160 Safety 165 Staff Delay 170 Traffic 175 Vehicle Crash 180 Vehicle Failure 185 Weather</p>	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	



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<p>E2.8: Factors Affecting Response and Care</p> <p>The scene delays, if any, of the unit associated with the patient encounter</p>	<p>multiple choice combo</p> <p>190 Crowd 195 Directions 200 Distance 205 Diversion 210 Extrication > 20 Min 215 HazMat 220 Language Barrier 225 None 230 Other 235 Safety 240 Staff Delay 245 Traffic 250 Vehicle Crash 255 Vehicle Failure 260 Weather</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	Optional	FactorsAffectingCare
<p>E2.9: Type of Transport Delay</p> <p>The transport delays, if any, of the unit associated with the patient encounter</p>	<p>multiple choice combo</p> <p>265 Crowd 270 Directions 275 Distance 280 Diversion 285 HazMat 290 None 295 Other 300 Safety 305 Staff Delay 310 Traffic 315 Vehicle Crash 320 Vehicle Failure 325 Weather</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	Optional	
<p>E2.10: Type of Turn-Around Delay</p> <p>The turn-around delays, if any, associated with the patient encounter</p>	<p>multiple choice combo</p> <p>330 Clean-up 335 Decontamination 340 Documentation 345 ED Overcrowding 350 Equipment Failure 355 Equipment Replenishment 360 None 365 Other 370 Staff Delay 375 Vehicle Failure</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	Optional	
<p>E2.12: EMS Unit Call Sign (Radio Number)</p> <p>The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.</p>	<p>Single choice combo</p>	Not Nullable	Required	AgencyUnitID



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<p>E2.16: Beginning Odometer Reading of Responding Vehicle</p> <p>The mileage (odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving). Rounded to the nearest mile.</p>	number	Leave blank for null values	Optional	
<p>E2.17: On-Scene Odometer Reading of Responding Vehicle</p> <p>The mileage (odometer reading) of the vehicle when it arrives at the scene/patient. Rounded to the nearest mile.</p>	number	Leave blank for null values	Optional	ToSceneMileage
<p>E2.18: Destination Odometer Reading of Responding Vehicle</p> <p>The mileage (odometer reading) of the vehicle when it arrives at the patient's destination. Rounded to the nearest mile.</p>	number	Leave blank for null values	Optional	ToDestinationMileage
<p>E2.19: Ending Odometer Reading of Responding Vehicle</p> <p>The ending mileage (odometer reading) of the vehicle (at time back in service/or at station). Rounded to the nearest mile.</p>	number	Leave blank for null values	Optional	
<p>E2.20: Response Mode to Scene</p> <p>Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene</p>	<p>Single choice combo</p> <p>380 Initial Lights and Sirens, Downgraded to No Lights or Sirens</p> <p>385 Initial No Lights or Sirens, Upgraded to Lights and Sirens</p> <p>390 Lights and Sirens</p> <p>395 No Lights and Sirens</p>	Not Nullable	Required	LightsSirenToScene



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E3: Unit/Call Information

Name	Value	Common Values	Required	Previous MNStar Name
<p>E3.1: Reason for Ambulance Request Reported by Dispatch</p> <p>The complaint dispatch reported to the responding unit/ambulance service.</p>	<p>Single choice combo</p> <p>400 Abdominal Pain</p> <p>405 Allergies</p> <p>410 Animal Bite</p> <p>415 Assault</p> <p>420 Back Pain</p> <p>425 Breathing Problem</p> <p>430 Burns</p> <p>440 Cardiac Arrest</p> <p>445 Chest Pain</p> <p>450 Choking</p> <p>435 CO Poisoning/Hazmat</p> <p>455 Convulsions/Seizure</p> <p>460 Diabetic Problem</p> <p>465 Drowning</p> <p>470 Electrocution</p> <p>475 Eye Problem</p> <p>480 Fall Victim</p> <p>485 Headache</p> <p>490 Heart Problems</p> <p>495 Heat/Cold Exposure</p> <p>500 Hemorrhage/Laceration</p> <p>505 Industrial Accident</p> <p>510 Ingestion/Poisoning</p> <p>565 MCI</p> <p>560 Medical Transport</p> <p>1000 Pain</p> <p>515 Pregnancy/Childbirth</p> <p>520 Psychiatric Problems</p> <p>525 Sick Person</p> <p>530 Stab/Gunshot Wound</p> <p>535 Stroke/CVA</p> <p>540 Traffic Accident</p> <p>545 Traumatic Injury</p> <p>550 Unconscious/Fainting</p> <p>555 Unkown Problem/Man Down</p>	<p>-5: Not Available</p> <p>-10: Not Known</p> <p>-15: Not Reported</p> <p>-20: Not Recorded</p> <p>-25: Not Applicable</p>	Required	EMDCode
<p>E3.2: EMD Performed</p> <p>Indication of whether Emergency Medical Dispatch was performed for this EMS event.</p>	<p>Single choice combo</p> <p>0 No</p> <p>570 Yes, With Pre-Arrival Instructions</p> <p>575 Yes, Without Pre-Arrival Instructions</p>	<p>-5: Not Available</p> <p>-10: Not Known</p> <p>-15: Not Reported</p> <p>-20: Not Recorded</p> <p>-25: Not Applicable</p>	Optional	



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E4: Unit/Personnel Information

Name	Value	Common Values	Required	Previous MNStar Name
E4.1: Crew Member ID The State Certification/Licensure ID number assigned to the crew member or the crew members name.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	CertificationID
E4.2: Crew Member Role Driver is defined as the driver during the time of patient transport or during the response if there was no transport required. Primary Patient Care Giver is defined as the individual responsible for the patient care during the transport of the patient, or if no transport, the individual responsible for the assessment and treatment of the patient on scene. Secondary Patient Care Giver is defined as the individual assisting the Primary Patient Care Giver. Third Patient Care Giver is defined as the individual assisting the Primary and Secondary Patient Care Givers.	Single choice combo 580 Driver 700 Fire Company 705 First Responder 600 Other 710 Pilot 585 Primary Patient Caregiver 720 Ride Along 590 Secondary Patient Caregiver 595 Third Patient Caregiver	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	TransportunitDriver
E4.3: Crew Member Level The functioning certification/licensure level or other of the crew member during this EMS patient encounter.	Single choice combo 610 EMT Basic 615 EMT Intermediate 620 EMT Paramedic 605 First Responder 625 Nurse 640 Other Healthcare Professional 645 Other Non-Healthcare Professional 630 Physician 635 Student	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Certificationlevel

E5: Times

Name	Value	Common Values	Required	Previous MNStar Name
E5.1: Incident or Onset Date/Time The date/time the injury occurred, or the date/time the symptoms or problem started.	date/time	Leave blank for null values	Optional	InjuryOnsetDateTime
E5.2: PSAP Call Date/Time The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.	date/time	Leave blank for null values	Optional	PSAPCallDateTime
E5.3: Dispatch Notified Date/Time The date/time dispatch was notified by the 911 call taker (if a separate entity).	date/time	Leave blank for null values	Required	



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E5.4: Unit Notified by Dispatch Date/Time The date and time the responding ambulance service/unit was notified by dispatch	date/time	Leave blank for null values	Required	EMSDispatchDateTi me
E5.5: Unit Enroute Date/Time The date/time the ambulance service/unit responded; That is, the time the vehicle started moving to the scene.	date/time	Leave blank for null values	Required	UnitResponseDateTi me
E5.6: Unit Arrived on Scene Date/Time The date/time the responding ambulance service/unit arrived on the scene; That is, the time the vehicle stopped moving upon arrival at the scene.	date/time	Leave blank for null values	Required	SceneArriveDateTim e
E5.7: Arrived at Patient Date/Time The date/time the responding unit arrived at the patient's side	date/time	Leave blank for null values	Optional	
E5.9: Unit Left Scene Date/Time The date/time the responding ambulance service/unit left the scene (started moving).	date/time	Leave blank for null values	Required	SceneDepartDateTim e
E5.10: Patient Arrived at Destination Date/Time The date/time the responding ambulance service/unit arrived with the patient at the destination or transfer point	date/time	Leave blank for null values	Required	DestinationArriveDat eTime
E5.11: Unit Back in Service Date/Time The date/time the ambulance service/unit was back in service and available for response (finished with call, but not necessarily back in home location).	date/time	Leave blank for null values	Required	ResponseCompletedD ateTime
E5.13: Unit Back at Home Location Date/Time The date/time the responding unit was back in their service area. In agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol. For other services - back at the station or garage where the ambulance is kept/stationed between calls.	date/time	Leave blank for null values	Optional	ResponseCompletedD ateTime

E6: Patient

Name	Value	Common Values	Required	Previous MNStar Name
E6.1: Last Name The patient's last (family) name.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientLname
E6.2: First Name The patient's first (given) name.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientFname



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E6.3: Middle Initial The patient's middle initial, if any.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	PatientInit
E6.4: Patient's Home Address The patient's home mailing or street address.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	PatientAddress
E6.5: Patient's Home City The patient's home city or township or residence.	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientCity
E6.6: Patient's Home County The patient's home county.	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientCounty
E6.7: Patient's Home State The patient's home state.	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientState
E6.8: Patient's Home ZIP The patient's home Zip Code of residence.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientZip
E6.10: Social Security Number The patient's social security number.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	PatientSSN
E6.11: Gender The patient's gender.	Single choice combo 655 Female 650 Male	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientGender
E6.12: Race The patient's race as defined by the OMB (US Office of Management and Budget)	Single choice combo 660 American Indian or Alaska Native 665 Asian 670 Black or African American 675 Native Hawaiian or Other Pacific Islander 685 Other Race 680 White	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E6.13: Ethnicity The patient's ethnicity as defined by the OMB (US Office of Management and Budget)	Single choice combo 690 Hispanic or Latino 695 Not Hispanic or Latino	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E6.14: Age The patient's age (either calculated from date of birth or best approximation).	number	Leave blank for null values	Required	PatientAge



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E6.15: Age Units The patient's date of birth. The units which the age is documented in (Hours, Days, Months, Years)	Single choice combo 705 Days 700 Hours 710 Months 715 Years	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientDOB
E6.16: Date of Birth The patient's date of birth.	date/time	Leave blank for null values	Required	PatientDOB
E6.17: Primary or Home Telephone Number The patient's home or primary telephone number.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E7: Billing

Name	Value	Common Values	Required	Previous MNStar Name
E7.35: Condition Code Number The condition codes associated with the CMS EMS negotiated rule-making process.	multiple choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E8: Scene

Name	Value	Common Values	Required	Previous MNStar Name
E8.1: Other EMS Agencies at Scene Other EMS agencies that were at the scene, if any	multiple choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Firstrespondername
E8.5: Number of Patients at Scene Indicator of how many total patients were at the scene.	Single choice combo 1130 Multiple 1120 None 1125 Single	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	
E8.6: Mass Casualty Incident Indicator if this event would be considered a mass casualty incident (anything overwhelming existing EMS resources).	Single choice combo 0 No 1 Yes	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	FactorsAffectingCare



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E8.7: Incident Location Type The kind of location where the incident occurred.	Single choice combo 1200 Airport 1140 Farm 1175 Health Care Facility (clinic, hospital, nursing home) 1135 Home/Residence 1150 Industrial Place and Premises 1185 Lake, River, Ocean 1145 Mine or Quarry 1190 Other Location 1155 Place of Recreation or Sport 1165 Public Building (schools, gov, offices) 1180 Residential Institution (assisted living, jail/prison) 1160 Street or Highway 1170 Trade or Service (Business, bars, restaurants, etc.)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	LocationType
E8.11: Incident Address The street address (or best approximation) where the patient was found, or, if no patient, the address to which the ambulance service/unit responded.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentAddress
E8.12: Incident City The city or township (if applicable) where the patient was found or to which the ambulance service/unit responded (or best approximation).	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentCity
E8.13: Incident County The county where the patient was found or to which the ambulance service/unit responded (or best approximation).	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentCounty
E8.14: Incident State The state where the patient was found or to which the unit responded (or best approximation).	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentState
E8.15: Incident Zip Code The zip code of the incident location.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentZip

E9: Situation

Name	Value	Common Values	Required	Previous MNStar Name
E9.1: Prior Aid Any care that was provided to the patient prior to the arrival of this ambulance service. When the primary impression is cardiac arrest then AED usage and CPR are required. See procedure list for values	multiple choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Provider of first CPR



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E9.2: Prior Aid Performed By The type of individual who performed the care prior to the arrival of this ambulance service.	multiple choice combo 1195 EMS Provider 1200 Law Enforcement 1205 Lay Person 1210 Other Healthcare Provider 1215 Patient	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Provider of first CPR
E9.3: Outcome of the Prior Aid What was the outcome or result of the care performed prior to the arrival of this ambulance service.	Single choice combo 1220 Improved 1225 Unchanged 1230 Worse	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Provider of first CPR
E9.4: Injury Present Indication whether or not there was an injury.	Single choice combo 0 No 1 Yes	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	InjuryMechanism
E9.5: Chief Complaint Narrative The statement of the problem by the patient or the history provider.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E9.11: Complaint Anatomic Location The primary anatomic location of the chief complaint as identified by EMS personnel.	Single choice combo 1305 Abdomen 1310 Back 1315 Chest 1320 Extremity-Lower 1325 Extremity-Upper 1330 General/Global 1335 Genitalia 1340 Head 1345 Neck	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for trauma only	InjurySite
E9.12: Complaint Organ Agency The primary organ system of the patient injured or medically affected.	Single choice combo 1350 Cardiovascular 1355 CNS/Neuro 1360 Endocrine/Metabolic 1365 GI/Abdomen 1370 Global/Other Illnesses 1375 Musculoskeletal/Injury 1380 OB/GYN 1385 Psych / Behavioral 1395 Renal/GU Problems 1390 Respiratory 1400 Skin	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	



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E9.14: Signs and Symptoms	multiple choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	SymptomsDescription
Signs and symptoms reported by the patient or observed by EMS personnel.	2005 Abdominal Pain 2000 Back Pain 1460 Behavioral/Psych 1405 Bleeding 1410 Breathing Problem 1415 Change in Responsiveness 2010 Chest Pain 1420 Choking 1425 Death 1430 Device/Equipment Problem 1435 Diarrhea 1440 Drainage/Discharge 1445 Fever 1450 Malaise 1455 Mass/Lesion 1465 Nausea/Vomiting 1470 None 1475 Pain 1480 Palpitations 1485 Rash/Itching 1490 Swelling 1495 Transport Only 1500 Weakness 1505 Wound			



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E9.15: Providers Primary Impression	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	ProviderImpression
The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	2005 AAA 1615 Abdominal Pain/Problems 1620 Airway Obstruction 1625 Allergic Reaction 1630 Altered Level of Consciousness 3020 Asthma 1635 Behavioral/psychiatric disorder 2010 Bowel obstruction 2095 Cancer 1640 Cardiac Arrest 1645 Cardiac Rhythm Disturbance 1650 Chest Pain Discomfort 2030 CHF 2070 CVA/TIA 2040 Dehydration 2045 Diabetic hyperglycemia 1655 Diabetic hypoglycemia 1660 Electrocutation 3010 ETOH abuse 1665 Fever 2000 GI bleed 2065 Headache 2050 Heat exhaustion/stroke 2020 Hypertension 2025 Hypotension 1670 Hypothermia 1675 Hypovolemia/Shock 1680 Inhalation Injury (Toxic Gas) 2085 OB/Delivery 1695 OB/Pregnancy/Labor 1685 Obvious Death 2015 Other abdominal/GI problem 2035 Other cardiovascular problem 2075 Other CNS problem 2055 Other endocrine/metabolic problem 2060 Other GU problems 3005 Other Illness/Injury 2090 Other OB/Gyn 3000 Pain 1690 Poisoning/Drug Ingestion 1705 Respiratory Arrest 1700 Respiratory Distress 1710 Seizure 1715 Sexual Assault/Rape 1720 Smoke Inhalation 1725 Stings/Venomous Bites 1730 Stroke/CVA 3015 Substance drug abuse			



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E9.15: Providers Primary Impression	1735 Syncope/Fainting	-5: Not Available	Required	ProviderImpression
The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management	1740 Traumatic Injury	-10: Not Known		
	2080 Unconscious unknown	-15: Not Reported		
	1745 Vaginal Hemorrhage	-20: Not Recorded		
		-25: Not Applicable		



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E9.16: Provider's Secondary Impression	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	ProviderImpression
The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient (treatments, medications, or procedures).	2005 AAA 1750 Abdominal pain/problems 1755 Airway obstruction 1760 Allergic reaction 1765 Altered level of consciousness 3020 Asthma 1770 Behavioral/psychiatric disorder 2010 Bowel obstruction 2095 Cancer 1775 Cardiac arrest 1780 Cardiac rhythm disturbance 1785 Chest pain discomfort 2030 CHF 2070 CVA/TIA 2040 Dehydration 2045 Diabetic hyperglycemia 1790 Diabetic hypoglycemia 1795 Electrocutation 3010 ETOH abuse 1800 Fever 2000 GI bleed 2065 Headache 2050 Heat exhaustion/stroke 2020 Hypertension 2025 Hypotension 1805 Hypothermia 1810 Hypovolemia/shock 1815 Inhalation injury (toxic gas) 2085 OB/Delivery 1820 Obvious death 2015 Other abdominal/GI problem 2035 Other cardiovascular problem 2075 Other CNS problem 2055 Other endocrine/metabolic problem 2060 Other GU problems 3005 Other Illness/Injury 2090 Other OB/Gyn 3000 Pain 1825 Poisoning/drug ingestion 1830 Pregnancy/OB delivery 1840 Respiratory arrest 1835 Respiratory distress 1845 Seizure 1850 Sexual assault/rape 1855 Smoke inhalation 1860 Stings/venomous bites 1865 Stroke/CVA 3015 Substance drug abuse			



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E9.16: Provider's Secondary Impression	1870 Syncope/fainting	-5: Not Available	Optional	ProviderImpression
The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient	1875 Traumatic injury	-10: Not Known		
	2080 Unconscious unknown	-15: Not Reported		
	1880 Vaginal hemorrhage	-20: Not Recorded		
		-25: Not Applicable		

E10: Situation/Trauma

Name	Value	Common Values	Required	Previous MNStar Name
E10.1: Cause of Injury/Illness	Single choice combo	-5: Not Available	Required	InjuryMechanism
The category of the reported/suspected external cause of injury/illness.	1910 Aircraft Related Accident	-10: Not Known		
	3000 Assault	-15: Not Reported		
	1900 Bicycle Accident	-20: Not Recorded		
	1955 Bites	-25: Not Applicable		
	1920 Chemical Poisoning			
	2015 Child Battering			
	1965 Drowning			
	1915 Drug Poisoning			
	1980 Electrocutation (Non-Lightning)			
	1945 Excessive Cold			
	1940 Excessive Heat			
	1925 Falls			
	1930 Fire and Flames			
	1995 Firearm Assault			
	1990 Firearm Injury (Accidental)			
	2000 Firearm Self Inflicted			
	1960 Lightning			
	1975 Machinery Accidents			
	1970 Mechanical Suffocation			
	1895 Motor Vehicle Non-Traffic Accident			
	1885 Motor Vehicle Traffic Accident			
	1890 Pedestrian Traffic Accident			
	1985 Radiation Exposure			
	2005 Rape			
	1935 Smoke Inhalation			
	2010 Stabbling Assault			
	2016 Strike by Blunt/Thrown Object			
	2001 Unarmed Fight/Brawl			
	1950 Venomous Stings (Plants, Animals)			
	1905 Water Transport Accident			
E10.2: Intent of the Injury	Single choice combo	-5: Not Available	Optional	InjuryIntent
The intent of the individual inflicting the injury.	2020 Intentional, Other (Assaulted)	-10: Not Known		
	2025 Intentional, Self	-15: Not Reported		
	2030 Unintentional	-20: Not Recorded		
		-25: Not Applicable		
E10.3: Mechanism of Injury	multiple choice combo	-5: Not Available	Required	InjuryDescription
The mechanism of the event which caused the injury.	2035 Blunt	-10: Not Known		
	2040 Burn	-15: Not Reported		
	2045 Other	-20: Not Recorded		
	2050 Penetrating	-25: Not Applicable		



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E10.8: Use of Occupant Safety Equipment Safety equipment in use by the patient at the time of the injury.	multiple choice combo 3000 Airbag 2170 Child Restraint 2175 Eye Protection 2180 Helmet Worn 2185 Lap Belt 2190 Other 2195 Personal Floatation Device 2200 Protective Clothing Gear 2205 Protective Non-Clothing Gear 2210 Shoulder Belt	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	SafetyEquipmentDesc
E11: Situation/CPR				
Name	Value	Common Values	Required	Previous MNStar Name
E11.1: Cardiac Arrest Indication of the presence of a cardiac arrest during this response.	Single choice combo 0 No 2245 Yes, After EMS Arrival 2240 Yes, Prior to EMS Arrival	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	
E11.2: Cardiac Arrest Etiology Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)	Single choice combo 2260 Drowning 2270 Electrocutation 2275 Other 2250 Presumed Cardiac 2265 Respiratory 3000 SIDS 2255 Trauma	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	ProviderImpression
E11.3: Resuscitation Attempted Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.) - Complete only if Cardiac Arrest (E11.1) is "Yes"	multiple choice combo 2305 Not Attempted/Circulation Restored by First Responder 2300 Not Attempted/DNR Orders 2295 Not Attempted/Obvious Death 2290 Yes, CPR Only 2280 Yes, Defibrillation	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	ProcedureDescription
E11.4: Arrest Witnessed by Indication of who the cardiac arrest was witnessed by	Single choice combo 2320 Not Witnessed 2310 Witnessed by Healthcare Provider 2315 Witnessed by Lay Person	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	CardiacWitness
E11.5: First Monitored Rhythm of the Patient in Cardiac Arrest Documentation of what the first monitored rhythm which was noted	Single choice combo 2325 Asystole 2330 Bradycardia 2335 Normal Sinus Rhythm 2340 Other 2345 PEA 2350 Unknown AED Non-Shockable Rhythm 2355 Unknown AED Shockable Rhythm 2360 Ventricular Fibrillation 2365 Ventricular Tachycardia	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Initial Cardiac Rhythm



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<p>E11.6: Any Return of Spontaneous Circulation</p> <p>Indication whether or not there was any return of spontaneous circulation</p>	<p>Single choice combo</p> <p>0 No</p> <p>2375 Yes, Prior to ED Arrival and at the ED</p> <p>2370 Yes, Prior to ED Arrival Only</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Required for Cardiac Arrest</p>	<p>Return of pulse</p>
<p>E11.8: Estimated Time of Arrest Prior to EMS Arrival</p> <p>The length of time the patient was down (estimated) before the responding unit arrived at the patient</p>	<p>Single choice combo</p> <p>2390 > 20 Minutes</p> <p>2425 0-2 Minutes</p> <p>2400 10-15 Minutes</p> <p>2395 15-20 Minutes</p> <p>2420 2-4 Minutes</p> <p>2415 4-6 Minutes</p> <p>2410 6-8 Minutes</p> <p>2405 8-10 Minutes</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	
<p>E11.9: Date/Time Resuscitation Discontinued</p> <p>The date/time the CPR was discontinued (or could be time of death)</p>	<p>date/time</p>	<p>Leave blank for null values</p>	<p>Optional</p>	
<p>E11.10: Reason CPR Discontinued</p> <p>The reason that CPR or the resuscitation efforts were discontinued.</p>	<p>Single choice combo</p> <p>2430 DNR</p> <p>2435 Medical Control Order</p> <p>2440 Obvious Signs of Death</p> <p>2445 Protocol/Policy Requirements Completed</p> <p>2450 Return of Spontaneous Circulation (Pulse or BP Noted)</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	



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E11.11: Cardiac Rhythm on Arrival at Destination The patient's cardiac rhythm upon delivery or transfer to the destination	multiple choice combo 2455 12 Lead ECG-Anterior Ischemia 2460 12 Lead ECG-Inferior Ischemia 2465 12 Lead ECG-Lateral Ischemia 2470 Agonal/Idioventricular 2475 Artifact 2480 Asystole 2485 Atrial Fibrillation/Flutter 2490 AV Block-1st Degree 2495 AV Block-2nd Degree-Type 1 2500 AV Block-2nd Degree-Type 2 2505 AV Block-3rd Degree 2510 Junctional 2515 Left Bundle Branch Block 2520 Normal Sinus Rhythm 2525 Other 2530 Paced Rhythm 2535 PEA 2540 Premature Atrial Contractions 2545 Premature Ventricular Contractions 2550 Right Bundle Branch Block 2555 Sinus Arrhythmia 2560 Sinus Bradycardia 2565 Sinus Tachycardia 3000 ST-Elevation 2570 Supraventricular Tachycardia 2575 Torsades De Points 2580 Unknown AED Non-Shockable Rhythm 2585 Unknown AED Shockable Rhythm 2590 Ventricular Fibrillation 2595 Ventricular Tachycardia	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	
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E12: Medical History

Name	Value	Common Values	Required	Previous MNStar Name
E12.1: Barriers to Patient Care Indication of whether or not there were any patient specific barriers to serving the patient at the scene.	multiple choice combo 2600 Developmentally Impaired 2605 Hearing Impaired 2610 Language 2615 None 2620 Physically Impaired 2625 Physically Restrained 2630 Speech Impaired 2635 Unattended or Unsupervised (Including Minors) 2640 Unconscious	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	



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E12.19: Alcohol/Drug Use Indicators Indicators for the potential use of Alcohol or Drugs by the patient.	multiple choice combo 3000 Alcohol and/or Drug Paraphernalia at Scene 2990 Patient Admits to Alcohol Use 2995 Patient Admits to Drug Use 2985 Smell of Alcohol on Breath	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	AlcoholDrugUse
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E13: Narrative

Name	Value	Common Values	Required	Previous MNStar Name
E13.1: Run Report Narrative The narrative of the run report.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E14: Assessment / Vital Signs

Name	Value	Common Values	Required	Previous MNStar Name
E14.1: Date/Time Vital Signs Taken The date/time vital signs were taken on the patient.	date/time	Leave blank for null values	Optional	VitalsDateTime



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E14.3: Cardiac Rhythm The initial cardiac EKG of the patient interpreted by EMS personnel.	multiple choice combo 3005 12 Lead ECG-Anterior Ischemia 3010 12 Lead ECG-Inferior Ischemia 3015 12 Lead ECG-Lateral Ischemia 3020 Agonal/Idioventricular 3025 Artifact 3030 Asystole 3035 Atrial Fibrillation/Flutter 3040 AV Block-1st Degree 3045 AV Block-2nd Degree-Type 1 3050 AV Block-2nd Degree-Type 2 3055 AV Block-3rd Degree 3060 Juntional 3065 Left Bundle Branch Block 3070 Normal Sinus Rhythm 3075 Other 3080 Paced Rhythm 3085 PEA 3090 Premature Atrial Contractions 3095 Premature Ventricular Contractions 3100 Right Bundle Branch Block 3105 Sinus Arrhythmia 3110 Sinus Bradycardia 3115 Sinus Tachycardia 4000 ST-Elevation 3120 Supraventricular Tachycardia 3125 Torsades De Points 3130 Unknown AED Non-Shockable Rhythm 3135 Unknown AED Shockable Rhythm 3140 Ventricular Fibrillation 3145 Ventricular Tachycardia	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E14.4: Systolic Blood Pressure The patient's systolic blood pressure.	number	Leave blank for null values	Optional	SystolicBloodPressure
E14.5: Diastolic Blood Pressure The patient's diastolic blood pressure.	number	Leave blank for null values	Optional	
E14.7: Pulse Rate The patient's pulse rate, palpated or auscultated, expressed as a number per minute.	number	Leave blank for null values	Optional	PulseRate
E14.9: Pulse Oximetry The patient's oxygen saturation.	number	Leave blank for null values	Optional	
E14.11: Respiratory Rate The patient's respiratory rate expressed as a number per minute.	number	Leave blank for null values	Optional	RespiratoryRate
E14.12: End-Tidal CO2 The patient's end-tidal CO2 expressed as a number per minute.	number	Leave blank for null values	Optional	



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E14.14: Blood Glucose Level The patient's blood glucose level	number	Leave blank for null values	Optional	
E14.15: Glasgow Coma Score: Eye The patient's Glasgow Coma Score: Eye	number 1 None 0 Not Recorded 2 Opens Eyes in response to painful stimulation 3 Opens Eyes in response to verbal stimulation 4 Opens Eyes spontaneously	Leave blank for null values	Optional	GlasgowComaScore
E14.16.0: Glasgow Coma Score: Verbal The patient's Glasgow Coma Score: ages 0-23 months	number 4 Cries, inconsolable 3 Inappropriate cry 1 None 9 Not assessed 0 Not Recorded 2 Persistent cry, grunting 5 Smiles, coos, cries appropriately	Leave blank for null values	Optional	GlasgowComaScore
E14.16.2: Glasgow Coma Score: Verbal The patient's Glasgow Coma Score: ages 2-5 years	number 5 Appropriate words 3 Cries and/or screams 2 Grunts 4 Inappropriate words 1 None 9 Not assessed 0 Not Recorded	Leave blank for null values	Optional	GlasgowComaScore
E14.16.5: Glasgow Coma Score: Verbal The patient's Glasgow Coma Score: ages greater than 5	number 4 Confused conversation or speech 3 Inappropriate words 1 None 2 Non-specific sounds 0 Not Recorded 5 Oriented and appropriate speech	Leave blank for null values	Optional	GlasgowComaScore
E14.17.0: Glasgow Coma Scale: Motor The patient's Glasgow Coma Score: Motor: ages less than 5 years.	number 2 Extensor posturing in response to painful stimulation 3 Flexor posturing in response to painful stimulation 4 General withdrawal in response to painful stimulation 5 Localization of painful stimulation 1 None 0 Not Recorded 6 Spontaneous	Leave blank for null values	Optional	GlasgowComaScore



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E14.17.5: Glasgow Coma Scale: Motor The patient's Glasgow Coma Score: Motor: ages greater than 5 years	number 2 Extensor posturing in response to painful stimulation 3 Flexor posturing in response to painful stimulation 4 General withdrawal in response to painful stimulation 5 Localization of painful stimulation 1 None 0 Not Recorded 6 Obeys commands with appropriate motor response	Leave blank for null values	Optional	GlasgowComaScore
E14.19: Total Glasgow Coma Score The patient's total Glasgow Coma Score.	number	Leave blank for null values	Optional	GlasgowComaScore
E14.22: Level of Responsiveness The patients level of responsiveness (AVPU).	Single choice combo 3255 Alert 3265 Painful 3270 Unresponsive 3260 Verbal	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for trauma only	AVPUScore

E16: Assessment / Exam

Name	Value	Common Values	Required	Previous MNStar Name
E16.1: Estimated Body Weight The patient's body weight in kilograms, either measured or estimated	number	Leave blank for null values	Optional	PatientWeight

E18: Intervention / Medication

Name	Value	Common Values	Required	Previous MNStar Name
E18.1: Date/Time Medication Administered The date/time medication administered to the patient.	date/time	Leave blank for null values	Optional	MedicationDateTime
E18.3: Medication Given The medication given to the patient. See medication list for values.	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	MedicationName



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E18.4: Medication Administration Route The route medication was administered to the patient.	Single choice combo 4175 Endotracheal Tube 4180 Gastrostomy Tube 4185 Inhalation 4190 Intramuscular 4195 Intranasal 4200 Intraocular 4191 Intraosseous 4205 Intravenous 4210 Nasal 4215 Nasal Prongs 4220 Nasogastric 4225 Ophthalmic 4240 Optic 4230 Oral 4235 Other/Miscellaneous 4245 Rebreather Mask 4250 Rectal 4255 Subcutaneous 4260 Sublingual 4265 Topical 4270 Tracheostomy 4275 Transdermal 4280 Urethral 4285 Ventimask 4290 Wound	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	MedicationRoute
E18.5: Medication Dosage The dose or amount of medication given to the patient.	number	Not Nullable	Optional	MedicationDosage



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E18.6: Medication Dosage Unit The dose or amount of medication given to the patient.	Single choice combo 4295 GMS 4300 Inches 4305 IU 4310 KVO (TKO) 4315 L/MIN 4320 Liters 4325 LPM 4330 MCG 4335 MCG/KG/MIN 5005 MCG/MIN 4340 MEQ 4345 MG 4350 MG/KG/MIN 5010 MG/MIN 4355 ML 4360 ML/HR 4365 Other 4370 Puffs 5000 Units/Hour	Not Nullable	Optional	MedicationDosageUnit
E18.8: Medication Complication Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.	multiple choice combo 4395 Altered Mental Status 4400 Apnea 4405 Bleeding 4410 Bradycardia 4415 Diarrhea 4420 Extravasation 4425 Hypertension 4430 Hyperthermia 4435 Hypotension 4440 Hypoxia 4445 Injury 4450 Itching/Urticaria 4455 Nausea 4390 None 4460 Other 4465 Respiratory Distress 4470 Tachycardia 4475 Vomitting	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E18.10: Treatment/Medication Authorization The type of treatment authorization obtained.	Single choice combo 4490 Guidelines (Standing Orders) 4480 On-Line (Telephone or Radio) 4485 On-Scene 4495 Written Orders (Patient Specific)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Medical Control Method



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E19: Intervention / Procedure

Name	Value	Common Values	Required	Previous MNStar Name
E19.1: Date/Time Procedure Performed The date and time the procedure was performed on the patient.	date/time	Leave blank for null values	Optional	ProcedureDateTime
E19.3: Procedure The procedure performed on the patient. See procedure list for values.	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	ProcedureDescription
E19.5: Number of Procedure Attempts The number of attempts taken to complete a procedure or intervention regardless of success.	number	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for airway procedures and intravenous therapy	ProcedureAttempts
E19.6: Procedure Successful Indication of whether or not the procedure performed on the patient was successful.	Single choice combo 0 No 1 Yes	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for airway procedures and intravenous therapy	ProcedureSuccess
E19.8: Response to Procedure The patient's response to the procedure.	Single choice combo 4600 Improved 4605 Unchanged 4610 Worse	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for airway procedures and intravenous therapy	PatientResponse
E19.9: Procedure Crew Members ID The statewide assigned ID number of the EMS crew member performing the procedure on the patient.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PerformingCrewID

E20: Disposition

Name	Value	Common Values	Required	Previous MNStar Name
E20.2: Destination/Transfer To - Code The code of the destination the patient was delivered or transferred to, if present and available	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationName
E20.7: Destination Zip Code The destination zip code in which the patient was delivered or transferred to.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationName
E20.10: Incident/Patient Disposition Type of disposition treatment and/or transport of the patient.	Single choice combo 4815 Cancelled 4820 Dead at Scene 4835 Patient Refused Care 4840 Treated and Released 4845 Treated, Transferred Care 4850 Treated, Transported by EMS	Not Nullable	Required	ResponseDisposition



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E20.14: Transport Mode from Scene Indication whether or not lights and/or sirens were used on the vehicle while leaving scene.	Single choice combo 4955 Initial Lights and Sirens, Downgraded to No Lights or Sirens 4960 Initial No Lights or Sirens, Upgraded to Lights and Sirens 4965 Lights and Sirens 4970 No Lights or Sirens	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	LightsSirenFromScene
E20.16: Reason for Choosing Destination The reason the ambulance service chose to deliver or transfer the patient to the indicated destination.	Single choice combo 4990 Closest Facility (None Below) 4995 Diversion 5000 Family Choice 5005 Insurance Status 5010 Law Enforcement Choice 5015 On-line Medical Direction 5020 Other 5025 Patient Choice 5030 Patient's Physician's Choice 5035 Protocol 5040 Specialty Resource Center	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationDetermination
E20.17: Type of Destination The type of destination the patient was delivered or transferred to.	Single choice combo 5045 Home 5050 Hospital 5055 Medical Office/Clinic 5060 Morgue 5065 Nursing Home 5070 Other 5075 Other EMS Responder (Air) 5080 Other EMS Responder (Ground) 5085 Police/Jail	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationType
E23: Miscellaneous				
Name	Value	Common Values	Required	Previous MNStar Name
E23.9: Facility Diverted From Facility code that unit was diverted from.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Divertedfromfacility



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Procedures

6130 12 Lead ECG
10015 ACD Deactivation
10010 AED - ERU
10005 AED - First Responder
10000 AED - Public Access
6140 Airway-BVM
6150 Airway-Change Tracheostomy Tube
6160 Airway-Cleared, Opened, or Heimlich
6170 Airway-Combitube
6180 Airway-CPAP
6280 Airway-Endotracheal Intubation
6190 Airway-EOA/EGTA
6210 Airway-Intubation Confirm
6200 Airway-Intubation Confirm CO2
6220 Airway-Laryngeal Mask
6230 Airway-Nasal
6240 Airway-Nasotracheal Intubation
6250 Airway-Nebulizer Treatment
6260 Airway-Needle Cricothyrotomy
6270 Airway-Oral
6290 Airway-PEEP
6300 Airway-Rapid Sequence Induction
6310 Airway-Respirator Operation
6320 Airway-Suctioning
6330 Airway-Surgical Cricothyrotomy
6340 Airway-Ventilator
6350 Arterial Access/Blood Draw
6360 Arterial Line Maintenance
6370 Blood Glucose Analysis
10040 Burn Care
6380 Capnography
6390 Cardiac Monitor
6400 Cardioversion
6410 Carotid Massage
6420 Chest Decompression
10020 Chest Tube Placement
6430 Childbirth
6440 CNS Catheter-Epidural Maintenance
6450 CNS Catheter-Intraventricular
10025 Cold Pack
6460 CPR
6480 Defibrillation-Automated (AED)
6490 Defibrillation-Manual
6470 Defibrillation-Placement for
6500 External Cardiac Pacing



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Procedures

6510 Extrication
10030 Hot Pack
6520 MAST
6530 Nasogastric Tube
6540 None
6550 Rescue
6570 Restraints
6580 Spinal Immobilization
6590 Splinting
6600 Splinting-Traction
10035 Stretcher
6610 Urinary Catheterization
6620 Venous Access-Blood Draw
6630 Venous Access-Existing Catheter
6650 Venous Access-External Jugular Line
6640 Venous Access-Extremity
6660 Venous Access-Femoral Line
6680 Venous Access-Intraosseous
6670 Venous Access-Intraosseous Adult
6690 Venous Access-Placement/Maintain Central Line
6700 Venous Access-Swan Ganz Maintain
6710 Wound Care



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Medications

405	Abciximab (Reopro)
111	Activated Charcoal
61	Adenosine
31	Albuterol
65	Amiodarone
4	Amyl nitrate
81	Aspirin
21	Atropine
60	Atrovent (Ipratropium Bromide)
62	Bretylium
8	Bumetanide (Bumex)
161	Calcium chloride
10	Calcium gluconate
12	Dexamethasone
171	Dextrose 50% (D50)
121	Diazepam (Valium)
11	Diphenhydramine (Benadryl)
300	Dobutamine
16	Dopamine
142	Droperidol (Inapsine)
34	Epinephrine
418	Epi-Pen Adult
419	Epi-Pen Junior
407	Eptifibatide (Integrilin)
430	Esmolol HCl (Brevibloc)
141	Etomidate
325	Fentanyl
413	Flumazenil (Romazicon)
132	Furosemide (Lasix)
231	Glucagon
408	Glucose
414	Haloperidol (Haldol)
51	Heparin
431	Hydralazine (Apresoline)
409	Hydromorphone (Dilaudid)
412	Insulin
201	Ipecac
67	Isoproterenol
417	IV Antibiotics
432	Ketamine
163	Labetolol
63	Lidocaine
24	Lorazepam
131	Magnesium sulfate
182	Mannitol (Osmitrol)



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Medications

416 Mark 1 Kit
27 Meperidine (Demerol)
28 Metaproterenol (Alupent)
222 Methylprednisolone (Solu-Medrol)
30 Metoclopramide (Reglan)
350 Metoprolol (Lopressor)
122 Midazolam (Versed)
92 Morphine
101 Naloxone
42 Neostigmine
33 Nifedipine (Adalat, Procardia)
72 Nitroglycerin
143 Nitronox
68 Nitroprusside
404 Normal Saline
93 Nubain
428 Other Autonomic Nervous System Drug
426 Other Cardiac Drug
427 Other CNS Drug
429 Other Respiratory Drug
9398 Oxygen (non-rebreather mask)
12360 Oxygen by Blow By
9397 Oxygen by Mask
9396 Oxygen by nasal canula
411 Oxytocin (Pitocin)
433 Phenylephrine HCl (Neo-Synephrine)
434 Phenytoin (Dilantin)
435 Potassium Cl
64 Procainamide
415 Prochlorperazine (Compazine)
403 Promethazine HCl (Phenergan)
521 Proparacaine (Alcaine)
402 Racemic Epinephrine
172 Reactose
410 Rocuronium Bromide (Zemuron)
151 Sodium bicarbonate
41 Succinylcholine (Anectine)
32 Terbutaline (Brethine)
39 Thiamine
406 Tirofiban HCL (Agrastat)
38 Toradol (Ketorolac)
401 Vasopressin
400 Vecuronium (Norcuron)
66 Verapamil (Isoptin)
425 Zofran (Ondansetron)